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PLICATION NO.	. FILING DATE		FILING DATE FIRST NAMED INVENTOR		CONFIRMATION NO
09/451,160 11/30/1999		11/30/1999	STEVEN R. BOAL	15874-019001	8692
26181	7590	06/28/2007		EXAM	INER
FISH & RICHARDSON P.C. PO BOX 1022 MINNEAPOLIS, MN 55440-1022				ART UNIT	PAPER NUMBER

DATE MAILED: 06/28/2007

Please find below and/or attached an Office communication concerning this application or proceeding.

Application No. <u>09/043,933</u>

No additional claim fee is required.

An addition	nal claim	fee is	required,	and is	calculated	as shown be	elow.
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		AM	ENDE	ED CLAIMS		
	No. of Claims	Highest of Clai Previou Paid F	ms sly	Extra Claims	Rate	Additional Fee
Total Claims		MINUS	=	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims		MINUS	=	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds n	nultiple depen	dent claims,	add \$	290.00 (1203)	•	
Total Claim Amendm	ent Fee					\$ 0.00
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00	
TOTAL ADDITIONAL	_ CLAIM FEE	DUE FOR	THIS A	MENDMENT		\$ 0.00

A check in the amount	_ is enclosed for the fee due	
Charge	to Deposit Acco	ount No. 02-4800.
Charge	to credit card.	Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Ву

Date: July 29, 2004

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